## L13000018539

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C. LEWIS

MAY 1 6 2014

EXAMINER

## COVER LETTER

7

	gistration Section vision of Corporations		
SUBJEC'			
	(Name of Lim	nited Liability Cor	npany)
The enclo	sed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to:	
Tina Bre	nneman		
	(Contact Person)		-
E2 Cons	truction LLC		
	(Firm/Company)		_
PO Box	7741		_
	(Address)		_
Lakeland	d, FL 33807		
	(City/State and Zip Code)		
For furthe	r information concerning this matt	er, please call:	
Tina Bre	nneman	863	398-1771
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed 325 Fil	please find a check made payable ing Fee		Department of State for: g Fee & Certified Copy
Registrati Division of Clifton Bo 2661 Exe	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

APPROVILE AND FILED



14 MAY -5 PH 4: 09

SECRETARY OF STAIL TALLAHASSE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Construction LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L1300001853	9
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 04/17/14
4. I, Rodney Bre	
	ame of Person Resigning)
MGRM	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
A	
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)